

Gatekeeper Case Finding & Response System

Brief Program Description

Gatekeeper was developed by the late Raymond Raschko, M.S.W., at Elder Services, Spokane Mental Health, Spokane, Washington, in 1978. It was designed to identify at-risk older adults who do not typically come to the attention of the mental health and aging service delivery systems. With this technique, nontraditional community referral sources are organized and trained to identify high-risk elders who may be experiencing problems that threaten their ability to live independently and safely in the community. Once identified, Gatekeepers refer the older person to a designated agency for a comprehensive assessment and evaluation with subsequent linkage to needed mental health, aging, medical or other social services.

Gatekeepers are employees of corporations, businesses, and other community organizations. They include meter readers, utility workers, residential property appraisers from the county assessor's office, bank personnel, apartment and mobile home managers, postal carriers, fuel oil dealers, police, sheriff and fire department personnel, and code enforcement employees. The rationale for recruiting and training these individuals is that through their normal, daily routine, they come into contact with the most isolated community-dwelling older adults.

Program Strategies

Gatekeeper recruitment involves creativity and persistence. "Cold calls," face-to-face contacts, letters introducing the model and inviting participation, and public media announcements are all strategies used to recruit potential Gatekeepers. The Gatekeeper training sessions, which are held at the workplace, last an average of one hour with retraining scheduled annually. The training schedules are kept flexible to accommodate the varied work schedules and time demands of the work force. The number of participants per training varies according to the type of business or organization and the size of the community.

Gatekeepers are trained to become keen observers of an older person's personal appearance, mental and emotional states, personality changes, physical changes and losses, social problems, substance abuse, conditions of the home, caregiver stress, abuse or neglect, financial hardship and risk factors of suicide, any of which may indicate that an older person needs assistance.

Population Focus

The target population of the Gatekeeper case finding practice is community-dwelling adults over the age of 60 experiencing any, or all, of the following signs or symptoms of distress: a serious and persistent mental illness, emotional or behavioral problems, poor health, social isolation, abuse or neglect, substance abuse problems, and reluctance or inability to seek help on their own behalf or the absence of someone to seek help for them.

Suitable Settings

The model has been adapted successfully in urban, rural, and suburban communities and coordinated by single service systems (e.g., mental health agency, area agency on aging, adult protective services, social service agency, hospital) or in collaboration with multiple systems (e.g., mental health agency and area agency on aging).

Required Resources

The following materials are available from the Washington Institute for Mental Illness Research and Training: Gatekeeper Training Manual, Gatekeeper Referral and Instruction Card, published manuscripts, and other community training and resource materials.

Implementation Timeline

It takes about a year for communities to plan, adopt, and fully implement the program. The model is most successful when community stakeholders collaborate on the development and implementation of the model because it impacts all systems of care.

Outcomes

Evaluation of this program revealed the following:

- Gatekeeper referred individuals were more likely to be enrolled in the clinical case management program at the time of referral than individuals referred through medical and other referral sources.
- At the end of one year, Gatekeeper referred individuals were more likely to still be enrolled in the clinical case management program than individuals referred through medical and other referral sources.
- Gatekeeper referred individuals had higher mean levels of social isolation than those referred by other sources at the time of initial referral relative to individuals referred by the other sources.

Contact Information

For indepth information on this program, please use the contact listed below.

Program Developer

Julie E. Jensen, Ph.D.

The Washington Institute-Western Branch

9601 Steilacoom Blvd SW

Tacoma, WA 98498-7213

Phone: (253) 756-3988

Fax: (253) 756-3987

Email: jjensen@u.washington.edu